

## Labor Organization Officer and Employee Report

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## U.S. Department of Labor Employment Standards Administration Office of Labor-Vanagement Standards



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FORTH LIA-30 (Few 1988)

Nevada

State

This report is reandstory under P.L. 86-257, as amended. Fabure to comply may result in criminal prosecution, fixes and etell penalties as provided by 29 U.S.C. 408,440. Form approved - OMB No. 1215-0188 Expires 11-30-2002 LM03. . Name and address of person fishing 2. Name and accress or labor organization General Drivers, Delivery Drivers and Lynn Caro Helpers, Local Union No. 14 P. O. Box 14765 4326 Valley Sage Dr North Las Vegas, NV 89032 Las Vegas, Nevada 89114 4. Date flacal year encied 3. Postuon in labor organization 5. File number (it assigned) Office Manager January 1997 to July2000 033-295 Enter appropriate data below if, during the pest faces year, you or your spouse or millior child durecity or indirectly had any of the following interests (accept as specified in the execusions set forth in the instructional); Held an extensor in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an exproyer whose employees your organization represents or is actively seeking to represent. 8. Name of Employer AGG BES OF ETTOROYER 7 Nature of Interest, Transaction of Indome Heid an interest in or derived income or accommit benefit with mone tary value trees a breames (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employee whose employees your tabor organization represents or is active specing to represent, or (2) any part of which consists of buying from or beiling or leasing directly or and really to, or otherwise desting with your labor organization or with a trust in which your labor organization is interested. ACCIDENCE OF DUSTRICES American Income Life Insurance Company, P.O. Box 2608, Waco TX 10. If 98 or 9C is choosed give trust or employer's name MA Upor Organization ☐ B Trust C. Employer 11. Nature and approximate doner value of such dealings American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with 2. Nature of where rand or moore racked insurance company was immediately terminated upon being notified to do so By the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter. Receiving from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of velu 13. NETR ETO SOCTESS OF STIPLOYER [ a countrate [ 14. Nature of payment 2000 AUG IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS OLMS/DOE/SRD Signature and renflaction—The undersigned declares, under the approache permitte of the law, that all of the information in this report, including the emphysical properties incorporated therein or reterred to in this record, has been extended by him and is, to this test of his knowledge and belef, thus,

Las Vegas

CO.

## Labor Organization Officer and Employee Report

## U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 84-267, se smanded. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

. Name and address of person filing	2. Name and address of labor organization
	General Drivers, Delivery Drivers and
Lynn Caro 4326 Valley Sage Drive	Helpers, Local Union No. 14
Las Vegas, NV 89032	P.O.Box 14765
Las Vegas, NV 89032	Las Vegas NV 89114
3. Position in labor organization Office Manager	January 1997 to July 2000 033-295
Office Manager	ast lisest year, you or your spouse or minor child directly or indirectly had any of the following in-
enter appropriate data below it, coming the legants (except as specified in the exclusion	s set forth in the instructions):
A. Held an interest in, engaged in transac	ons (including loans) with, or derived income or other economic benefit of monetary value from an ization represents or is actively seeking to represent.
Name of Emoloyer	Address of Employer
7. Nature of Interest, Transaction or Income	
, Mature of Interest, Transaction of Income	
ii .	and the state of t
B. Held an interest in or darived income or e	conomic benefit with monetary value from a business (1) a substantial part of which consists of buying
from, selling or leasing to, or otherwise de	aling with the business of an employer whose employees your labor organization represents or is actively on consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor
organization or with a trust in which your is	bor organization is interested.
* Hams of business	Address of business
77A 10004000000000000000000000000000000000	
9. Business deals with—	10. If 98 or 90 is checked give trust or employer's name
☐ A. Labor Organization ☐ B. Tru	it G. Employer
The state of the s	
Nature and approximate dollar value of suc	: Gearings
	Entertain continues
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	2 2000
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	USDOL/ESA OLMS/DOE/SRD
	The state of the s
<ol> <li>Received from any employer (other the any payment of money or other thing of va</li> </ol>	n an employer covered under parts A and B above) or from any labor relations consultant to an employer
3 Name and address of employer 📆	or consultant   14. Nature of payment
American Income Life In	
P.O.Box 2608	See Attachment
	See Accachinenc
Waco,TX 76797	
A CONTRACT OF THE CONTRACT OF	
t∉ m	ORE SPACE IS NIFFORD ATTACH ADDITIONAL SHEETS
	the positionable possition as the stant all of the information in this and incident
<ol> <li>Eignature and conflication. The unders the attachments incomprated therein or</li> </ol>	gned decrares, under the applicable penalties of the law, that all of the information in this report, including eferred to in this report, has been examined by him and is, to the best of his knowledge and belief, true.
correct and complete.	A STATE OF THE PROPERTY OF THE
P. a	
Signed Lynn Car	Las Vegas Nevada on 8/17/00
- 1	City State Date
A. A	rom LM-30 (Rev. 1986)

Labor Organization Officer and Employee Report LM-30

General Drivers, Delivery Drivers and Helpers, Local Union No. 14 File Number 033-295

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

